PTO/SB/19 (08-03) Approved for use through 07/31/2006. OMB 0551-0032 Oraquetra of the commerce o

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## PLANT PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications filed under 37 CFR 1.53(b))

Under the Paperwork Reduction Act of 1995, no persons are require

ed to respond to a collection of information unless it displays a valid OMB control number.						
Attorney Docket No.	U/M Z02115					
First Named Inventor	James Luby					
Title	Grape Plant Named 'Frontenac gris'					
Express Mail Label No.	EU745009825US					

Note: Please state the Latin name and variety denomination of the plant claimed in a separate section of the specification.

ADDRESS TO: **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 APPLICATION ELEMENTS **ACCOMPANYING APPLICATION PARTS** See MPEP chapters 600 & 1600 concerning plant patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) Assignment Papers (cover sheet & document(s)) (Submit an original, and a duplicate for fee processing) 1 2. Applicant claims small entity status. See 37 CFR 1.27. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 1 Specification [Total Pages 3. (preferred arrangement set forth below) 9. English Translation Document (if applicable) - Descriptive title of the invention - Cross References to Related Applications Information Disclosure Copies of IDS - Statement Regarding Fed sponsored R & D Statement (IDS)/PTO-1449 Citations - Latin name of genus and species - Variety denomination **Preliminary Amendment** - Background of the Invention - Brief Description of the Drawings - Detailed Botanical Description Return Receipt Postcard (MPEP 503) - A single claim (Should be specifically itemized) - Abstract of the Disclosure Certified Copy of Priority Document(s) Color drawing(s) (Total Sheets (if foreign priority is claimed) (2 copies required - 37 CFR 1.165(b)) Request Nonpublication under 35 U.S.C. 122 5. Oath or Declaration Total Pages (b)(2)(B)(i). Applicant must attach form Newly executed (original or copy) **|** PTO/SB/35 or its equivalent. 15. Other: Credit Card Form Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76.

**Mail Stop Patent Application** 

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
		17. CORRES	SPONE	ENCE AD	DRESS	······································				
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16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.

\_\_\_\_\_ Art Unit:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Name (Print/Type Registration No. (Attorney/Agent) Penny J. Aguirre 52,546 Signature Date 02/10/2004 Musi

This collection of information is required by 37 (FR 153(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)
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FEE TRANSMITTA	<b>L</b>	Applic	cation N	lumbe	er			
for FY 2004		Filing Date						
		First Named Inventor James			tor James I	Luby		
Effective 10/01/2003. Patent fees are subject to annual revision.		Exam	iner Na	ame				
Applicant claims small entity status. See 37 CFR 1.27		Art U	nit					-
TOTAL AMOUNT OF PAYMENT (\$) 265					o. U/M Do	cket No. Z	02115	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
	3. ADDITIONAL FEES							
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1. BASIC FILING FEE	1252	2 420	2252	210	Extension for re	eply within se	cond month	
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1001 770 2001 385 Utility filing fee	1255	5 2,010	2255	1,005	Extension for re	eply within fift	h month	<b>├</b>
1002 340 2002 170 Design filing fee	1401	1 330	2401	165	Notice of Appea	al		
1003 530 2003 265 Plant filing fee 265	1402	2 330	2402		Filing a brief in		appeal	
1004 770 2004 385 Reissue filing fee	1400		2403		Request for ora	-		<u> </u>
1005 160 2005 80 Provisional filing fee	1451	•	1451		Petition to instit			
SUBTOTAL (1) (\$) 265	1452		2452	55	Petition to reviv	e - unavoidat	ole	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		3 1,330	2453		Petition to reviv		onal	$\vdash$
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1202 18 2202 9 Claims in excess of 20	l		1	40	property (times	number of pr	roperties)	<b>├</b> ──┤ <b>!</b>
1201 86 2201 43 Independent claims in excess of 3	1809	9 770	2809	385	Filing a submis (37 CFR 1.129		ai rejection	<u> </u>
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	2810	385	For each addition			
1204 86 2204 43 ** Reissue independent claims over original patent	180	1 770	2801	385	Request for Co	ontinued Exa	mination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	180	2 900	1802	900	Request for ex		mination	
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SUBTOTAL (2)  **or number previously paid, if greater; For Reissues, see above		duced by		iling Fe	ee Paid S	SUBTOTAL	(3) (\$)	
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Penpy). Aguirre	$\Box$	Registration No. (Attorney/Agent) 52, 546 Telephone 763-553-908				······································		
Signature Jenny January	<u>سر</u>	, ALUITING	,,,yoilU	_		Date	02/10/2004	

WARNING Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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